
LETTER TO THE EDITOR

Coverage with evidence development: Merit for motherhood?

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To the Editor:

First, I am very happy that Coverage with Evidence Development (CED) has developed into a recognized evaluation method within the HTA community in the world. CED has quite a long tradition in Switzerland. The Medical Technology Unit (MTU) of the Swiss Federal Office of Social Security (SFOSS), nowadays of Swiss Federal Office of Health has been working in the HTA field for almost 30 years and introduced CED for decision making purposes in 1996. The 1998 edition of the SFOSS Manual of Clinical and Economic Evaluation of Medical Technology defines the conditions for reimbursement (coverage), in today's terminology, CED, on page 64.

Sporadically, our HTA Journal has published articles on CED, about its evolution, its origins, and its usefulness. Very recently I read the article "Coverage with evidence development: The Ontario experience" (3). The authors state that, in 2006, the Center for Medicare and Medicaid in the United States (US) instituted coverage with evidence development, and NICE had done so in 2003.

The history of the motherhood of CED evaluation method starts earlier. In Switzerland, we started CED in the year 1994 with the implementation of Article 33–3 of the new Swiss Federal Health Insurance Law. The law enabled SFOSS to decide on coverage for new or controversial health technologies with temporary reimbursement, including obligation for providers to evaluate. The first mention of this new Swiss evaluation method occurred in a report from the EUR-Assess Project (1). The Swiss have presented the CED concept and results over the following years in

the annual meetings of ISTAHC and later HTAi, and in this *Journal* (2).

That's why, in my opinion, there is no doubt that Switzerland takes the merit to be the mother of CED.

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EDITOR'S NOTE:

Dr. Levin and his coauthors have read the letter and responded:

We thank Dr Koch for his comments. Our article did not claim priority for Ontario's program as the first coverage with evidence (CED)/ field evaluation initiative but merely describes our recent and substantial experience in this area. As such, our article does represent one of the largest single published bodies of evidence regarding the use of CED aligned to policy development.

We appreciate the author drawing our attention to the Swiss efforts to implement CED as part of its comprehensive HTA program.

On behalf of all authors,

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